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Auto-Renewals for QHP and HIPTC Applicants

Train the Trainer

September 9, 2014

Course Agenda

Introduction		15 min
Lesson 1:	Business Rules & Back-End Identification of Applicants that Qualify for Auto-Renewal	60 min
Lesson 2:	Correspondence Informing Customers on Auto-Renewal Eligibility	30 min
Lesson 3:	Customer Experience – Open Enrollment Auto & Manual Renewal in Washington Healthplanfinder	60 min
Lesson 4:	Payments	45 min
Course Summary & Activity		30 min

Introduction

Introduction Activity

Know

Want To Know

--	--

- Introduce yourself to your teammates.
- Using your chart paper, write what your team “Knows” and “Wants to Know” about auto-renewals.



Classroom Ground Rules



Have one conversation at a time in the class and respect others' opinions.



Arrive on time.



Turn your cell phone off.



Ask questions at the end of each lesson and have fun!

Course Summary

There are three steps in the auto-renewal process:



Course Summary cont'd

Prerequisites:

- Understanding of application process flow in Washington Healthplanfinder for QHP and HIPTC applicants
- Understanding of eligibility determination rules of QHP and HIPTC applicants

Core Audience:

- All customer-facing staff



Learning Objectives

Upon completing this module, you will be able to:

- Explain auto-renewal qualifications and the three system checks
- Navigate partial renewal and mixed household scenarios
- Review auto-renewal and manual renewal request correspondences
- Understand the actions needed to complete both auto-renewals and manual renewals
- Guide customers through payment requirements
- Inform customer of their options should they not receive coverage on January 1st



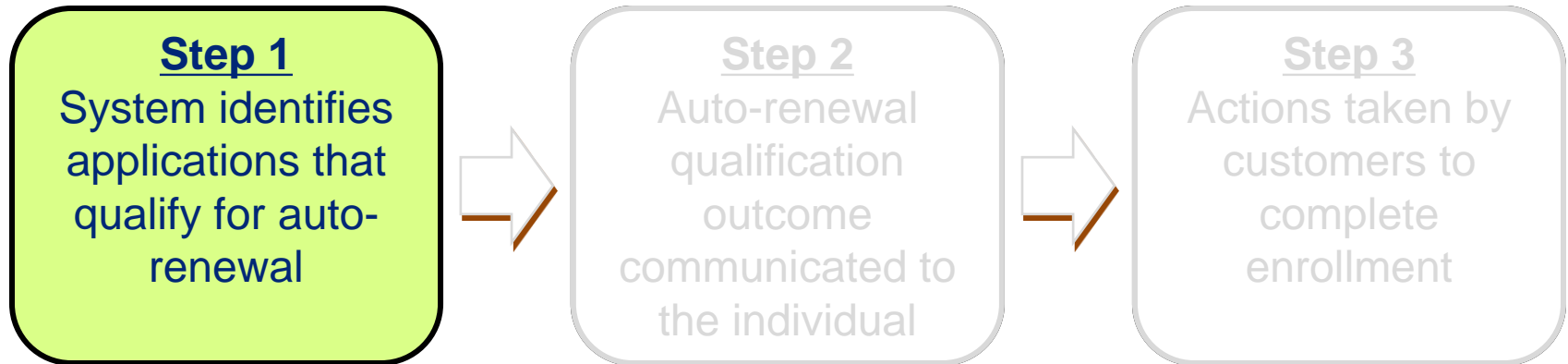
Questions



Lesson 1

Business Rules & Backend Identification of Applicants that Qualify for Auto-Renewal

Auto-Renewal Qualifications Overview



“Check Auto-Renewal Eligibility” Batch

Application Check

System determines if original application has necessary information

Eligibility Check

System looks at customers' projected eligibility for the new year

Plan Enrollment Check

System verifies the plans for the coming year

1. Application Check

Several basic application requirements are verified:

- At least one member of household enrolled in QHP/HIPTC
- Individual must e-sign and provided consent to use Federal Tax Information (FTI)
 - Required for HIPTC, not required for QHP

All requirements must be met in order to move onto the Eligibility Check. If any requirements are not met, the customer is not eligible to auto-renew and must manually renew.

2. Eligibility Check

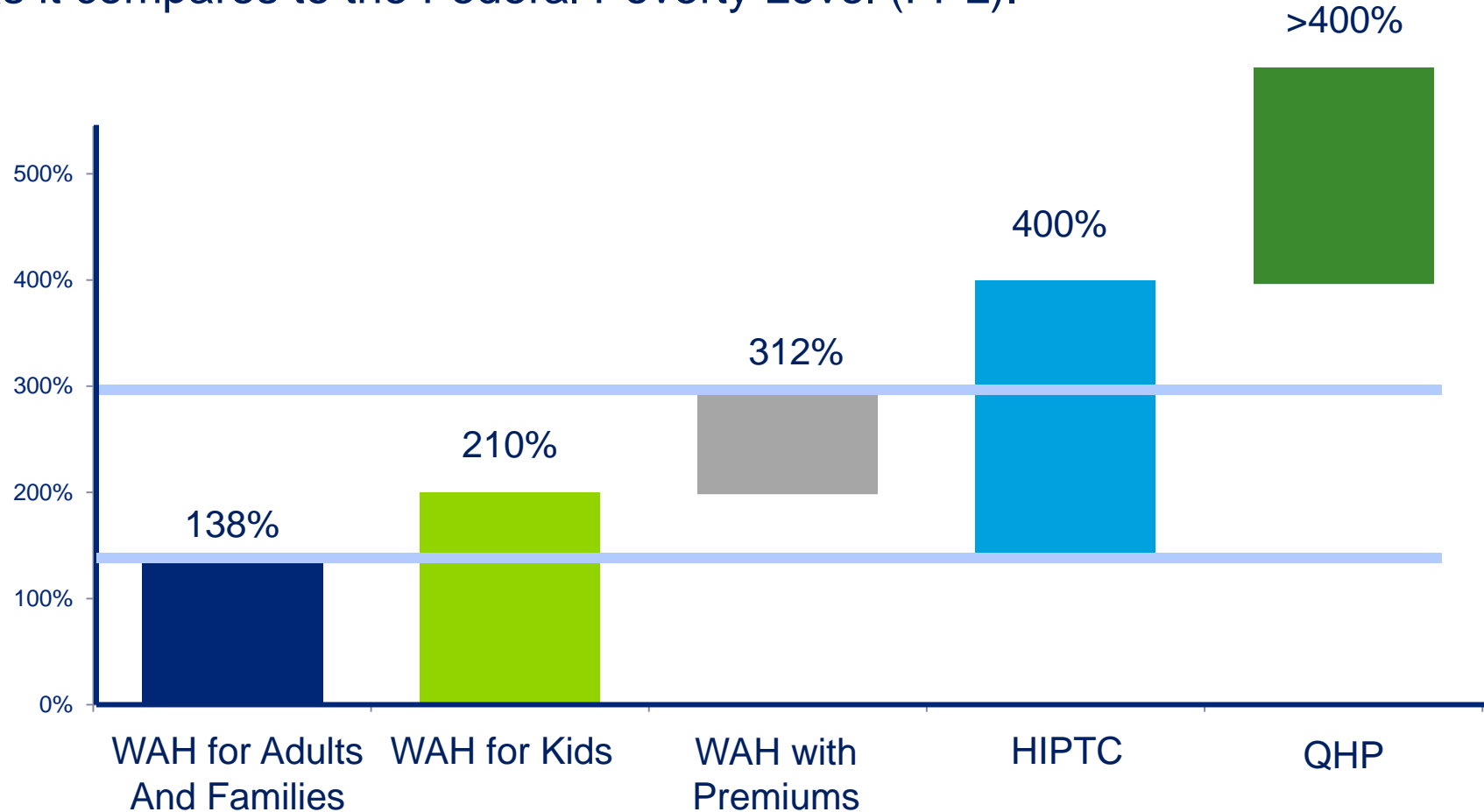
Three steps determine 2015 plan eligibility:

1. System checks 2015 Federal Poverty Level (FPL)
2. System compares new FPL with anticipated 2015 household factors
 - Income, family size, age of members
3. Household eligibility is determined

2. Eligibility Check

Review of Coverage Thresholds per FPL

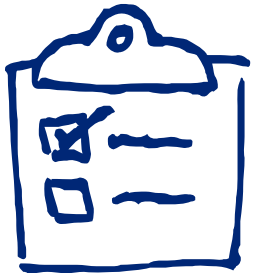
Eligibility for these programs is calculated using the household's income as it compares to the Federal Poverty Level (FPL).



2. Eligibility Check

Program Eligibility for 2015 Could be Different than 2014

Customers cannot be auto-renewed if their eligibility changes between WAH and QHP/HIPTC

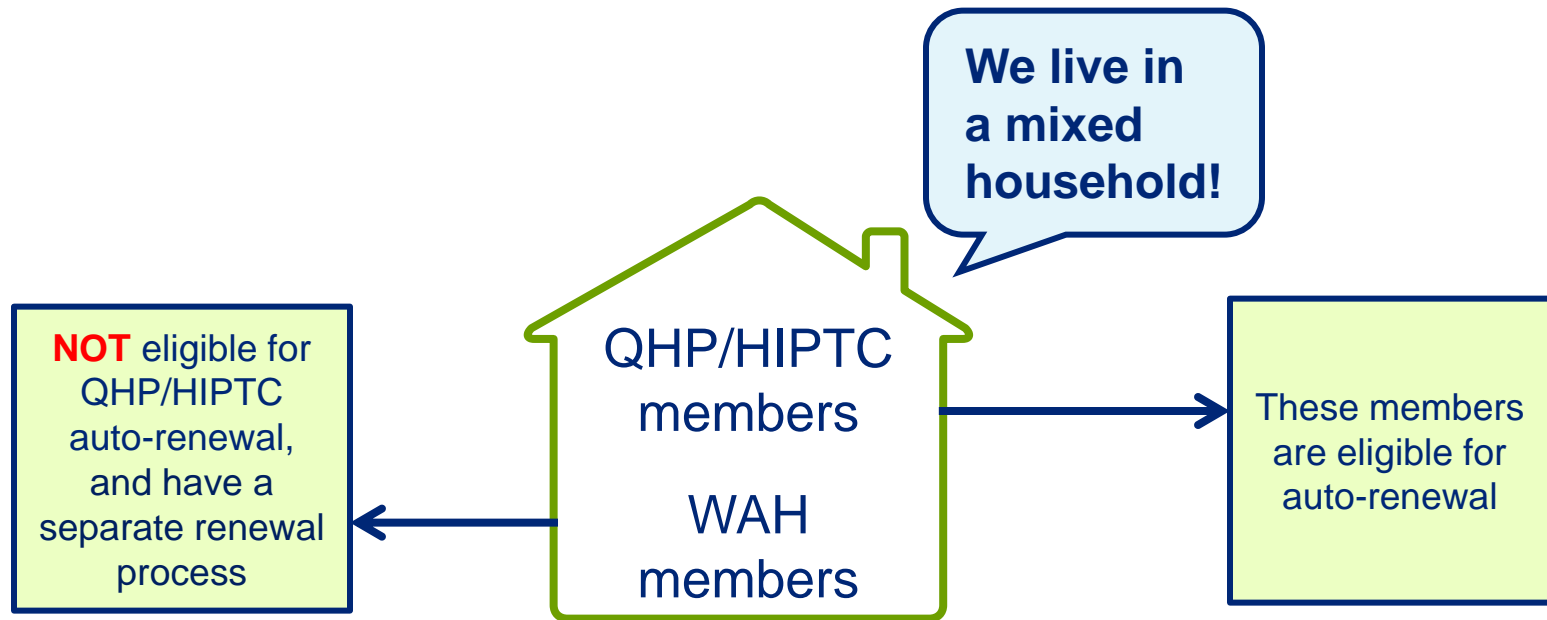


- If program type changes from QHP/HIPTC in 2014 to WAH in 2015 or vice versa, individual fails eligibility check and must manually renew.
- If an entire household is on QHP/HIPTC in 2014 and the entire household's eligibility changes to WAH in 2015 or vice versa, the entire household fails eligibility check and must manually renew.
- Members of the same household can be on different plans in some situations. (This is called a mixed household)

2. Eligibility Check

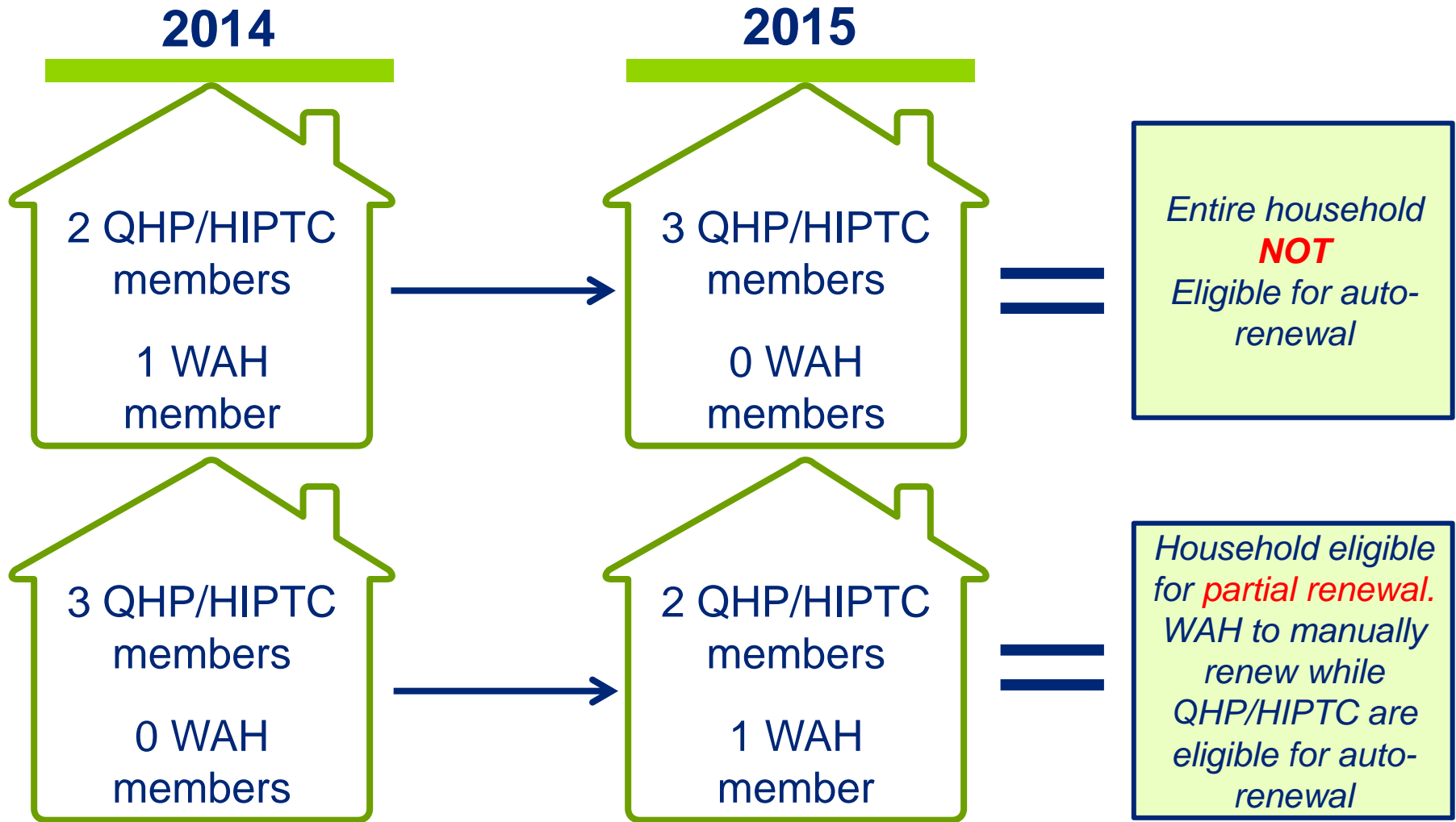
Partial Renewals and Mixed Households

Partial renewal rules are also part of the Eligibility Check



2. Eligibility Check

Mixed Household Renewal Examples



2. Eligibility Check

Partial Renewals and Age Requirements

Age Reminders

- System sends update reminders 60 days prior to individual's birthday
- People with milestone birthdays in this period need to pay special attention to their options

Individuals Turning 19

- Not eligible for WAH for Kids or for pediatric dental
- Individual will be eligible for partial renewal without the dental enrollment check

Individuals Turning 26

- Not eligible to be dependents on another's plan
 - **Exception:** If the individual could be considered as a qualifying adult disabled dependent
- No longer qualify for coverage as part of family's application. Remaining QHP/HIPTC family members eligible for partial renewal

Changes Between QHP and HIPTC Also Occur

When an individual changes between these two eligibilities, the plan remains the same, but the amount owed changes.

Change from QHP to HIPTC

- For auto-renewal, the system needs to know how much tax credit to apply to the new coverage
- The lower of the max eligible tax credit or monthly plan premium is applied to the enrollment
 - QHP was \$100, but now the allowable HIPTC is \$200. The plan only costs \$100, so only \$100 of the allowable \$200 will be applied

Change from HIPTC to QHP

- Charged QHP premium for January coverage

3. Plan Enrollment Check

Current plan must be available in upcoming year

- If current plan or cross-mapped plan is not available in upcoming year, application cannot be auto-renewed
- The pediatric dental plan must also be available for the household's application to be auto-renewed

All requirements must be met in order to pass this check. If any requirements are not met, the customer is not eligible to auto-renew and must manually renew.



Group Practice 1: Auto-Renewal Checklist

Business Scenario

In 2013, before Frodo Baggins and his friends began their journey to Mount Doom from their village in Forks, WA, they all signed up for healthcare through HPF. They knew many perils awaited them, so they wanted to be covered. Frodo signed up as an individual and was approved for an HIPTC plan. It is now October 2014 and almost time for him to renew his coverage for 2015.

Application Check

Was Frodo enrolled in an active QHP/HIPTC plan?

Yes, he had an HIPTC plan.

Did he e-sign and provide federal tax information (FTI)?

Yes, he had an HIPTC so providing FTI was required.

Does Frodo pass the Application Check?

Yes, he passes the Application Check.

Business Scenario

In 2013, before Frodo Baggins and his friends began their journey to Mount Doom from their village in Forks, WA, they all signed up for healthcare through HPF. They knew many perils awaited them, so they wanted to be covered. Frodo signed up as an individual and was approved for an HIPTC plan. It is now October 2014 and almost time for him to renew his coverage for 2015.

Eligibility Check

What information do we need to know before we can determine eligibility?

The new Federal Poverty Levels and how they impact Frodo's eligibility.

The projected eligibility states that Frodo is now eligible for Washington Apple Health. Will he pass the eligibility check?

No, he will be asked to manually renew his coverage online.

Because he didn't pass the eligibility check, his application would not move onto the Plan Enrollment Check, but we will look at it for practice.

Business Scenario

In 2013, before Frodo Baggins and his friends began their journey to Mount Doom from their village in Forks, WA, they all signed up for healthcare through HPF. They knew many perils awaited them, so they wanted to be covered. Frodo signed up as an individual and was approved for an HIPTC plan. It is now October 2014 and almost time for him to renew his coverage for 2015.

Plan Enrollment Check

What information do we need to know before we can determine if he will pass this check?

Is Frodo's plan or cross-mapped plan available next year.

Let's assume his plan is available next year and he does not have children so the dental plan will not be a factor. Does Frodo pass the Plan Enrollment Check?

Yes, his plan is available next year so he does pass this check.

Because he didn't pass the eligibility check, Frodo is not eligible for auto-renewal and therefore must manually renew.



Exercise Guide:

Auto-Renewals for QHP and HIPTC Applicants



You have approximately **10 minutes**
to complete this exercise.

Business Scenario

Samwise Gamgee and his wife, Rosie, have thirteen children. When they initially applied for insurance through HPF in 2013, six children were younger than 19 and the other seven children had their own plans outside of HPF. Sam's household, which includes his wife and the six children still living at home, was approved for an HIPTC plan for 2014. The plan is now up for renewal. In November 2014, one of the children living at home, Daisy, turned 19.

Eligibility Check

What information do we need to know before we can determine eligibility?

We need to know the new FPLs.

The 2015 FPL is retrieved and even though Sam's income did not change, his income as a percentage of FPL has changed. Sam and Rosie are still approved for HIPTC, but the children are now eligible for WAH for Kids. Will the family pass the eligibility check?

Yes, they will pass the eligibility check. This is a case of a partial renewal. Sam and Rosie can be auto-renewed if they pass the plan enrollment check. The children on WAH for Kids have a separate renewal process.

Business Scenario

Samwise Gamgee and his wife, Rosie, have thirteen children. When they initially applied for insurance through HPF in 2013, six children were younger than 19 and the other seven children had their own plans outside of HPF. Sam's household, which includes his wife and the six children still living at home, was approved for an HIPTC plan for 2014. The plan is now up for renewal. In November 2014, one of the children living at home, Daisy, turned 19.

Eligibility Check

What options does Daisy have as a 19-year-old?

Daisy cannot be on WAH for Kids because she is now over 18. She also cannot have pediatric dental anymore because she is over 18. She can either go on her own plan as an adult, or join Sam and Rosie's HIPTC plan as a dependent, like she was in 2014.

Daisy decides to join Sam and Rosie's HIPTC plan as dependent.

Business Scenario

Samwise Gamgee and his wife, Rosie, have thirteen children. When they initially applied for insurance through HPF in 2013, six children were younger than 19 and the other seven children had their own plans outside of HPF. Sam's household, which includes his wife and the six children still living at home, was approved for an HIPTC plan for 2014. The plan is now up for renewal. In November 2014, one of the children living at home, Daisy, turned 19.

Plan Enrollment Check

What information do we need to know before we can determine if they will pass this check?

We need to know if the family's 2014 plan is available in 2015.

The five children now eligible for WAH will have a separate renewal process so the enrollment check does not apply to them. If they were on a QHP/HIPTC then the enrollment check would verify that their dental plan was still available next year.

Daisy will be on her parent's plan, so this does not change as she was on their plan as an 18-year-old.

Business Scenario

Samwise Gamgee and his wife, Rosie, have thirteen children. When they initially applied for insurance through HPF in 2013, six children were younger than 19 and the other seven children had their own plans outside of HPF. Sam's household, which includes his wife and the six children still living at home, was approved for an HIPTC plan for 2014. The plan is now up for renewal. In November 2014, one of the children living at home, Daisy, turned 19.

Plan Enrollment Check

Let's assume their plan is available next year. Does Sam's family pass the Plan Enrollment Check?

Yes, the family passes this check.

Breakdown the final conclusion. Who is eligible for auto-renewal, who must manually renew, and what coverage plan does each family member have?

Sam, Rose, Daisy:
Auto-renewal, HIPTC

The five children:
Manual renewal, WAH

Knowledge Check

What are the three checks the system performs in order to determine auto-renewal eligibility?

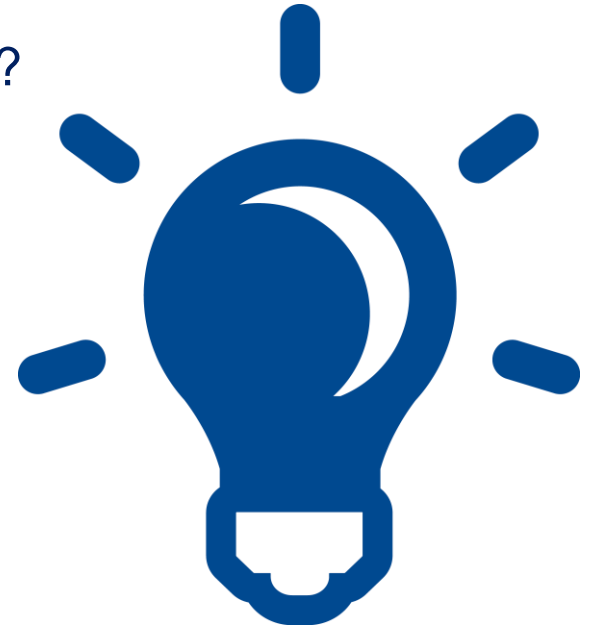
Application Check, Eligibility Check, Plan Enrollment Check

What is a mixed household? Can they auto-renew?

When QHP/HIPTC members and WAH members are in the same household.

If they pass all three checks, yes, they can auto-renew.

It's called a partial renewal because the QHP/HIPTC members can auto-renew but the WAH member must manually renew.



Lesson 1 Review and Summary

Objectives

- Understand the three checks performed by the system: Application Check, Eligibility Check, and Plan Enrollment Check
- Describe how the Federal Poverty Level affects anticipated eligibility for 2015
- Define partial renewals and identify partial renewal situations
- Explain the process of going from QHP to HIPTC and vice versa



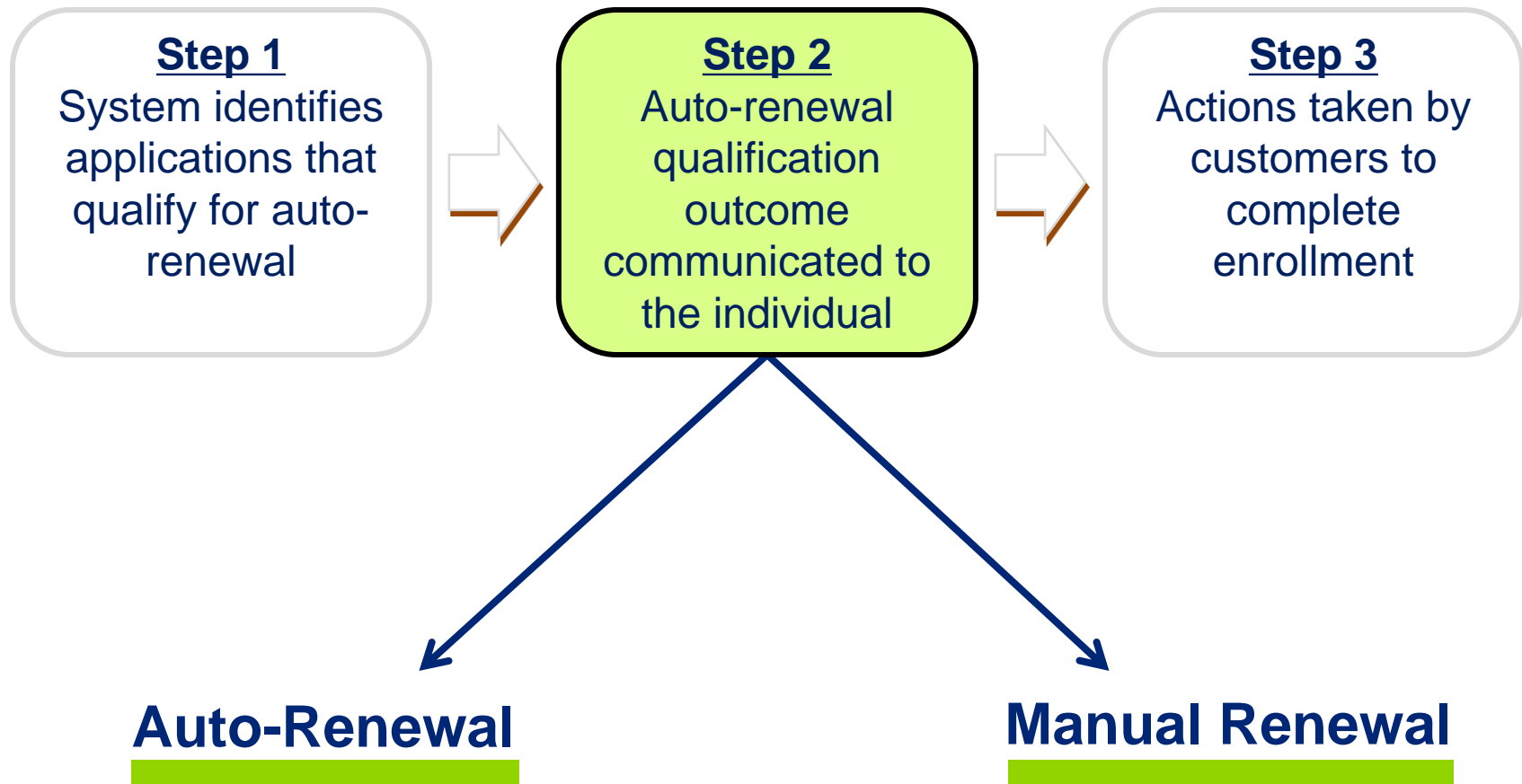
Questions



Lesson 2

Correspondence Informing Customers on
Auto-Renewal Eligibility

Determine Which Correspondence to Send



Auto-Renewal Individual Correspondence

Auto-Renewal

Subject – Open Enrollment Renewal

Dear Jamie Fuller,

Open enrollment is 11-15-2014 - 02-15-2015. This letter has information about your health care coverage for next year.

Current household eligibility:

Name	Current Eligibility Program	Eligibility Start Date	Eligibility End Date
Jamie Fuller	Tax Credits	11/01/2014	12/31/2014

Current household eligibility

Current household enrollment:

Name	Current Plan Enrollment	Current Plan Premium	CSR Eligibility (Y/N)	Coverage Begin Date	Coverage End Date
Jamie Fuller	QQ LifeWise Essential Silver 3000	\$293.05	N	11/01/2014	12/31/2014

Current household enrollment

Comparing Current Year's Plan and Upcoming Year's Plan

Current household enrollment

Current household enrollment:

Name	Current Plan Enrollment	Current Plan Premium	CSR Eligibility (Y/N)	Coverage Begin Date	Coverage End Date
Jamie Fuller	QQ LifeWise Essential Silver 3000	\$293.05	N	11/01/2014	12/31/2014

See bottom of Pg. 1

Upcoming year plan information

The following individuals are eligible to continue health care coverage in the health plans listed below. Please note that health plan rates may have changed.

Name	Future Plan Enrollment	Future Plan Premium	CSR Eligibility (Y/N)	Coverage Begin Date	Coverage End Date
Jamie Fuller	QQ LifeWise Essential Silver 3000	\$296.96	N	01/01/2015	12/31/2015

See bottom of Pg. 2

Available Action Options to the Individual

During Open Enrollment, here is what you need to do before December 1, 2014:

- Review the attached application information we used to determine your eligibility.
- If you do not want to make any changes, and would like to have your household's anticipated health care coverage for next year, please sign into your Washington Healthplanfinder account and select "View Anticipated Eligibility Results" and then select "Confirm your coverage renewal".
- If you would like to make changes, please sign into the Washington Healthplanfinder account and select "View Anticipated Eligibility Results" and then select "Update my application and renew coverage."
- If you do not want health care coverage for next year, please sign into the Washington Healthplanfinder and select "View Anticipated Eligibility Results" and then select "Opt out of coverage renewal."

If you have set up auto pay, we will continue to process payments in the amount of your new health insurance premium.

Your premium must be paid in full by December 23, including any past due amounts if you want to have coverage starting January 1st.

If you do not take any action, your household's anticipated health care coverage as listed above will be renewed for next year.

Action options, including "Opt-Out"

If no action is taken, coverage will be auto-renewed.

Notification of Members Enrolled in WAH

WAH members of the same household are given instructions below

- If a customer is on WAH in 2014, they will receive a separate correspondence about auto-renewal eligibility for 2015
- If a customer becomes eligible for WAH in 2015, and was not previously enrolled in WAH, this will be communicated through the “View Anticipated Eligibility Results” link on their My Healthplanfinder homepage, the “Update My Application and Renew Coverage” link, or through the household’s eligibility correspondence letter

Manual-Renewal Individual Correspondence

Manual-Renewal

Unfortunately, we were not able to renew your health care coverage for one or more individuals in your household.

The reason we were unable to renew your health care coverage is because the health plan you are currently enrolled in will not be available next year. You must sign into the Washington Healthplanfinder and select a new health plan for next year.

Please sign into Washington Healthplanfinder to renew your health care coverage for next year. If you do not renew your coverage by December 23rd, you will not have coverage starting January 1st.

Household is informed they could not be auto-renewed because their plan is not available next year.

Remember Frodo's situation? He did not pass the eligibility check. Which correspondence will he receive and why?

Frodo will receive the manual renewal request correspondence because he did not pass all three checks.

What about Sam and his family? Sam, Rosie, and Daisy passed the checks, but Sam's five children are now eligible for WAH. Which correspondence will they receive and why?

Sam and his family will receive an auto-renewal correspondence. On it, there will be a breakdown of three individuals eligible for HIPTC and the five children eligible for WAH.

Knowledge Check

If a customer becomes eligible for WAH in 2015, and was not previously enrolled in WAH, they will receive a separate correspondence, different from the auto or manual renewal correspondences, instructing them of required actions.

a. True

b. False



Lesson 2 Review and Summary

Objectives

- Identify the key areas of the two correspondences
- Determine which correspondence an individual/household will receive
- Explain renewal steps for WAH eligible customers



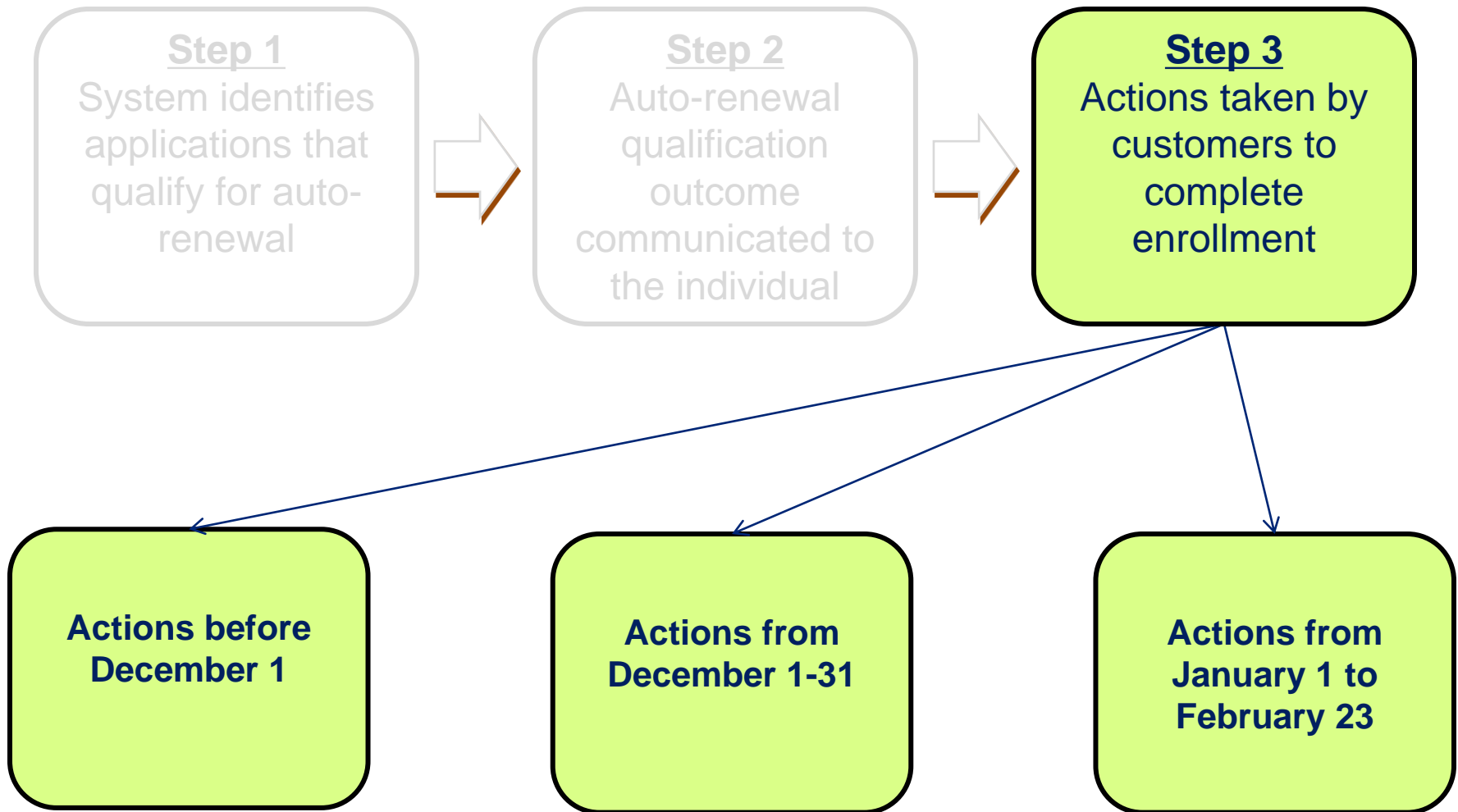
Questions



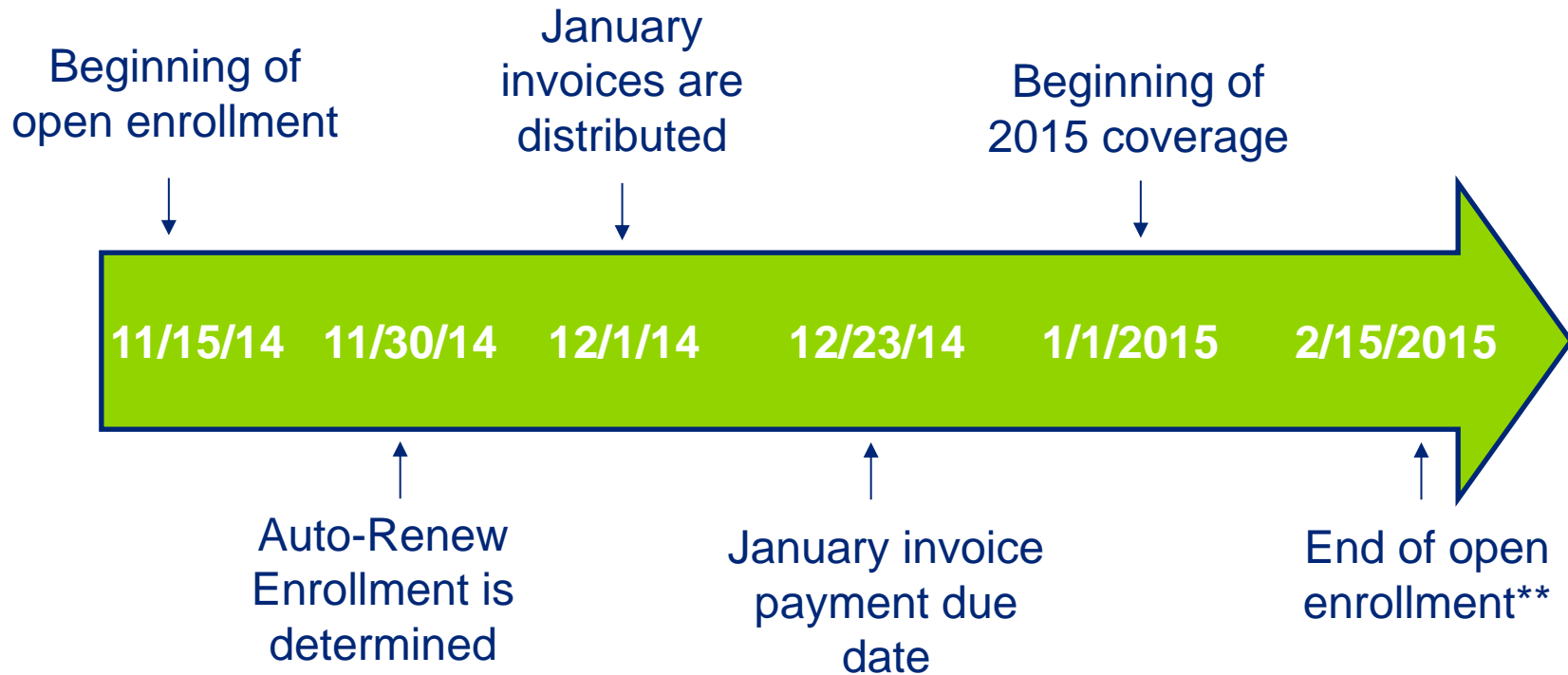
Lesson 3

Customer Experience – Open Enrollment Auto
& Manual Renewal in Washington
Healthplanfinder

Action Options for Auto-Renewal and Manual Renewal Individuals and Households

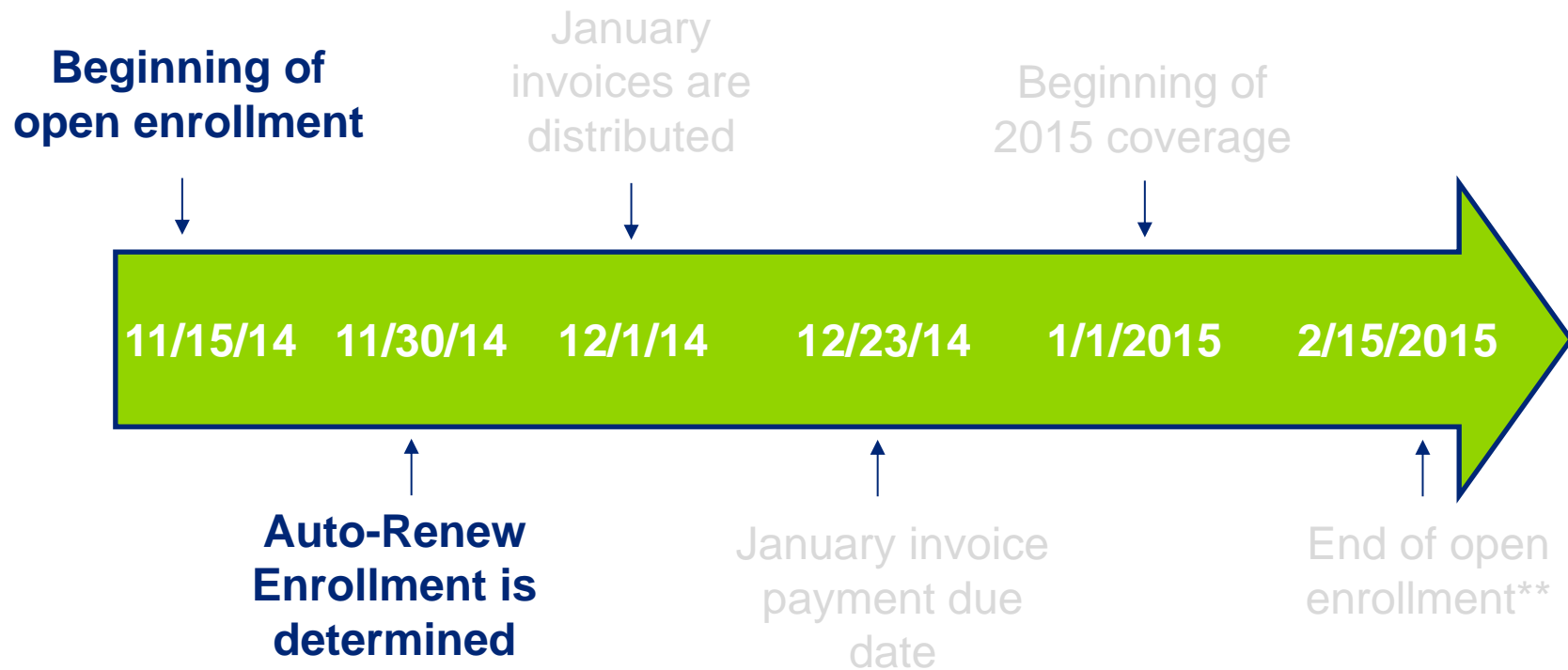


Timeline of Action Options



***Payments for plans beginning on 3/1/15 will be due by 5:00pm on 2/23/15*

Timeline of Action Options



***Payments for plans beginning on 3/1/15 will be due by 5:00pm on 2/23/15*

Actions Available Starting on 11/15 for Auto-Renewal Eligible Customers

The screenshot shows a web interface with four navigation tabs: "Account Home", "Billing & Payments", "My Household", and "Action Center". Below the tabs is a "Message Center" section containing a table with three columns: "Notice", "Language", and "Date Received". The table lists three items: "Payment Receipt", "Eligibility Decision", and "Open Enrollment Renewal", all in English and dated 10/23/2014. A "View More" link is at the bottom of the table. To the right of the table is a "Quick Links" sidebar with five links: "Create Another Application", "View Anticipated Eligibility Results" (highlighted with a red box), "View Current Eligibility Results", "Update My Application and Renew Coverage", and "Find a Broker".

Notice	Language	Date Received
Payment Receipt	English	10/23/2014
Eligibility Decision	English	10/23/2014
Open Enrollment Renewal	English	10/23/2014

[View More >](#)

Quick Links

- [Create Another Application](#)
- [View Anticipated Eligibility Results](#)
- [View Current Eligibility Results](#)
- [Update My Application and Renew Coverage](#)
- [Find a Broker](#)

- Link is available starting on 11/15
- Link shows upcoming year's eligibility results
- Available for those eligible for auto-renewal
 - **Exception:** If customer fails only the Plan Enrollment Check

Anticipate Eligibility: Mixed Household

Panel along left hand side displays the following information:

- Member's name
- Member's household status
- Program

The individual currently selected is eligible for WAH.

washington healthplanfinder
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

Anticipated Eligibility Results for 2015

Below is a summary of the anticipated eligibility for your household.

Jonathan Smith

✓ APPROVED
Household: Primary Applicant
Program: Qualified Health Plan

[View Details](#)

Jane Smith

1 PENDING
Household: Spouse
Program: WAH

Jennifer Smith

2 SEPARATE APPLICATION
Household: Child
Program: None

[View Details](#)

Jason Smith

✓ APPROVED
Household: Child
Program: Qualified Health Plan

[View Details](#)

Jane Smith ⓘ PENDING

Washington Apple Health

Jane may be eligible for Washington Apple Health. Washington Apple Health is low cost publicly funded health insurance provided through the Washington State Health Care Authority. You can see if Jane is eligible for Washington Apple Health by selecting the option, "Update your application and renew your coverage" on the next screen. During the application process you will need to update Jane's answer to "Is this household member seeking coverage?" to "Yes."

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Anticipate Eligibility: Aging Out

This family is also eligible for QHP, but one of the children must remit a separate application because she turned 26.



1

2


3

4

BrowseApplySelectFinalize


Anticipated Eligibility Results for 2015

Below is a summary of the anticipated eligibility for your household.

Jonathan Smith ✓ APPROVED Household: Primary Applicant Program: Qualified Health Plan View Details	Jennifer Smith SEPARATE APPLICATION  Separate Application Needed A separate application is required due the following reasons: REASON(S) This individual is not eligible to be included in your household application because he or she is 26 years or older. This individual is eligible to complete an application on his or her own. However, if this individual could be considered as a qualifying adult disabled dependent, please contact the Customer Support Center for additional information.
Jane Smith ✓ APPROVED Household: Spouse Program: Qualified Health Plan View Details	
Jennifer Smith SEPARATE APPLICATION Household: Child Program: None	
Jason Smith ✓ APPROVED Household: Child Program: Qualified Health Plan View Details	

Next

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Options after Clicking Next on “View Anticipated Eligibility Results” Screen

Household Coverage Options for 2015

How do you want to proceed with your household coverage for next year?

☒ CONFIRM YOUR COVERAGE RENEWAL

Notice:

After clicking, “Next,” you will confirm that you want the same Qualified Health Plan coverage next year. You will navigate to your Healthplanfinder account dashboard which shows your current coverage.

☐ UPDATE MY APPLICATION AND RENEW COVERAGE.

☐ SELECT A NEW HEALTH PLAN AND/OR CHANGE MY HEALTH INSURANCE PREMIUM TAX CREDIT AMOUNT.

☐ OPT OUT OF COVERAGE RENEWAL.

[◀ Back](#)

Next

Selecting this option confirms the individual wants the same coverage in 2015

Options after Clicking Next on “View Anticipated Eligibility Results” Screen

Household Coverage Options for 2015

How do you want to proceed with your household coverage for next year?

☐ CONFIRM YOUR COVERAGE RENEWAL

☒ UPDATE MY APPLICATION AND RENEW COVERAGE.

Notice:

After clicking 'Next,' you will navigate through the application for free and low-cost health insurance. You can update the information and receive a new eligibility determination. Finally, you'll navigate to the shopping screens where you can purchase a health plan for next year given your new eligibility.

☐ SELECT A NEW HEALTH PLAN AND/OR CHANGE MY HEALTH INSURANCE PREMIUM TAX CREDIT AMOUNT.

☐ OPT OUT OF COVERAGE RENEWAL.

[◀ Back](#) [Next](#)

Selecting this option allows the customer to make changes to their application and receive a new eligibility determination

Options after Clicking Next on “View Anticipated Eligibility Results” Screen

Household Coverage Options for 2015

How do you want to proceed with your household coverage for next year?

☐ CONFIRM YOUR COVERAGE RENEWAL

☐ UPDATE MY APPLICATION AND RENEW COVERAGE.

☒ SELECT A NEW HEALTH PLAN AND/OR CHANGE MY HEALTH INSURANCE PREMIUM TAX CREDIT AMOUNT.

Notice:

After clicking 'Next,' you will navigate to the shopping screens where you can purchase a health plan for next year given the anticipated eligibility you reviewed.

☐ OPT OUT OF COVERAGE RENEWAL.

◀ Back

Next

Selecting this option allows customers to WA HPF for Business for new coverage, without making any changes to their application

Options after Clicking Next on “View Anticipated Eligibility Results” Screen

Household Coverage Options for 2015

- ☐ CONFIRM YOUR COVERAGE RENEWAL
- ☐ UPDATE MY APPLICATION AND RENEW COVERAGE.
- ☐ SELECT A NEW HEALTH PLAN AND/OR CHANGE MY HEALTH INSURANCE PREMIUM TAX CREDIT AMOUNT.
- ☒ OPT OUT OF COVERAGE RENEWAL.

Warning:


After clicking, “Next,” you will confirm that you do not want Qualified Health Plan coverage next year. You will navigate to your Healthplanfinder account dashboard which shows your current coverage. If you change your mind, you can enroll in coverage for next year through Washington Healthplanfinder during Open Enrollment between Nov 15, 2014 and Feb. 15, 2015. Please note that you may be subject to a fine if you are not covered by health insurance. More information about the IRS individual responsibility tax penalty can be found in the [Healthplanfinder Consumer Info Center](#).

◀ Back Next

Selecting this option confirms the individual wants to opt out of coverage completely.

Anticipated Eligibility: Plan not Available

In this example, the HIPTC plan the household had in 2014, is no longer available.



washington
healthplanfinder
click. compare. covered.

1 Browse

2 Apply

3 Select

4 Finalize

Anticipated Eligibility Results for 2015

Below is a summary of the anticipated eligibility for your household.

Scott Grayson

✓ APPROVED

Household: Primary Applicant
Program: Qualified Health Plan

Victoria Grayson

✓ APPROVED

Household: Spouse
Program: Qualified Health Plan

[View Details](#)

Todd Grayson

✓ APPROVED

Household: Child
Program: N/A

[View Details](#)

Scott Grayson ✓ APPROVED

**Qualified Health Plan**

Scott is anticipated to be eligible for Qualified Health Plan coverage with tax credits. The health plan Scott was previously enrolled in is not offered in 2015. During the application process, Scott can select a health plan for 2015 coverage.

**Tax Credits**

Scott is included in the tax unit that is anticipated to be eligible for tax credits. See more information at the bottom of this screen.

Health Insurance Premium Tax Credits

This household is anticipated to be eligible for a tax credit of \$373 per month, which can be used to help lower the cost of insurance.

Tax Unit 1	Monthly Credit Amount
Scott	\$373
Victoria	
Todd	Not Eligible

How Is This Calculated?

The amount is based on information you provided in your application such as household income and number of dependents. To see the full explanation click the button below.

[Tax Credit Information](#)

[Next](#)

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Options after Clicking Next on “View Anticipated Eligibility Results” Screen

Household Coverage Options for 2015

How do you want to proceed with your household coverage for next year?

☒ UPDATE MY APPLICATION AND RENEW COVERAGE.

Notice:

After clicking 'Next,' you will navigate through the application for free and low-cost health insurance. You can update the information and receive a new eligibility determination. Finally, you'll navigate to the shopping screens where you can purchase a health plan for next year given your new eligibility.

☐ SELECT A NEW HEALTH PLAN AND/OR CHANGE MY HEALTH INSURANCE PREMIUM TAX CREDIT AMOUNT.

☐ OPT OUT OF COVERAGE RENEWAL.

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Selecting this option confirms the individual wants the same coverage next year

Manual Renewal Customers Also Have Options Before December 1st



- Follow the open enrollment schedule
- Take the same steps for updating their information online and selecting new coverage
- Most do not have access to “View Anticipated Eligibility Results” link
- Customers instead click the “Update My Application and Renew Coverage” link
- Do Not need to take any action for the 11/30/14 deadline to confirm coverage

Quick Links

Create Another Application

View Current Eligibility Results

Update My Application and Renew Coverage

Find a Broker

In Lesson 1, Frodo did not pass the eligibility check. Which course of action should he take?

- A. Confirm Your Coverage Renewal
- B. Update My Application and Renew Coverage
- C. Select a New Health Plan and/or Change My HIPTC Amount
- D. Opt Out of Coverage Renewal

In Lesson 1, Sam's family was eligible for partial renewal. Sam, Rosie, and Daisy were eligible for auto-renewal on an HIPTC and five children were eligible for WAH. Which course of action should Sam take regarding the auto-renewal of Sam, Rosie, and Daisy?

- A. Confirm Your Coverage Renewal
- B. Update My Application and Renew Coverage
- C. Select a New Health Plan and/or Change My HIPTC Amount
- D. Opt Out of Coverage Renewal

Pippin, who happens to be Frodo's second cousin once removed on his mother's side, received a correspondence saying he qualified for auto-renewal. He is satisfied with his HIPTC coverage but was not using the max tax credit amount in 2014. Looking at his monthly bills he's thinking he could use some extra cash each month. Which course of action should he take?

- A. Confirm Your Coverage Renewal
- B. Update My Application and Renew Coverage
- C. Select a New Health Plan and/or Change My HIPTC Amount
- D. Opt Out of Coverage Renewal

Merry, who happens to be Pippin's first cousin, also received notification that he's qualified for auto-renewal! However, he wants a new plan for the coming year that will better suit his coverage needs. He sits down next to Pippin, opens up his laptop, and logs into HPF. Which course of action should he take?

- A. Confirm Your Coverage Renewal
- B. Update My Application and Renew Coverage
- C. Select a New Health Plan and/or Change My HIPTC Amount
- D. Opt Out of Coverage Renewal



Exercise Guide:

Auto-Renewals for QHP and HIPTC Applicants



You have approximately **10 minutes**
to complete this exercise.

Business Scenario

Jean Valjean and his young daughter, Cosette, love their new house in Spokane. They moved from Olympia in February. Jean changes jobs quite often so he thought it was best to always have stable health coverage for his daughter. In March 2014, he signed the two of them up for coverage on HPF and they were approved for a QHP, even though he tried for an HIPTC. Cosette was also on a pediatric dental plan for 2014. An intelligent fellow, he does not foresee any changes in their eligibility or coverage plan. On November 20, 2014, Jean decides they must leave Spokane for Seattle that very day for he has another job with higher pay waiting for them there. Cosette begs them to wait one day more, so she can say goodbye to her friends. Jean allows this change, and takes the opportunity to sit down and take the necessary actions to renew their coverage for 2015.

Will Jean and Cosette pass the Application, Eligibility, and Plan Enrollment Checks?

Yes, they will pass each of the three checks.

Application Check: *They have an active QHP account and because he tried for an HIPTC plan, we know he provided their FTI.*

Eligibility Check: *We're going to assume here that Jean is right, and their eligibility stays the same.*

Plan Enrollment Check: *Again, we'll assume Jean is right and their specific QHP plan and Cosette's dental plan are available next year.*

Business Scenario

Jean Valjean and his young daughter, Cosette, love their new house in Spokane. They moved from Olympia in February. Jean changes jobs quite often so he thought it was best to always have stable health coverage for his daughter. In March 2014, he signed the two of them up for coverage on HPF and they were approved for a QHP, even though he tried for an HIPTC. Cosette was also on a pediatric dental plan for 2014. An intelligent fellow, he does not foresee any changes in their eligibility or coverage plan. On November 20, 2014, Jean decides they must leave Spokane for Seattle that very day for he has another job with higher pay waiting for them there. Cosette begs them to wait one day more, so she can say goodbye to her friends. Jean allows this change, and takes the opportunity to sit down and take the necessary actions to renew their coverage for 2015.

Will Jean and Cosette be eligible for auto-renewal or must they manually enroll?

Yes, they will be eligible for auto-renewal because they passed all three checks.

Will they have access to the “View Anticipated Eligibility Results” screen?

Yes, because they are eligible for auto-renewal, they will have access to the “View Anticipated Eligibility Results” screen.

What action should Jean take in order to renew their coverage for 2015?

Jean needs to update their application before renewing coverage. He is about to move, change jobs, and change incomes. He will need to update this information online, then confirm their coverage for 2015.

Knowledge Check

Which of the actions below results in an auto-renewal customer being auto-renewed?

- a. Opt-out of coverage
- b. No action
- c. Update income
- d. Choose a different plan



Knowledge Check

Only those who pass all three checks can click on the “View Anticipated Eligibility Results” link.

a. True

b. False

Which check can customers fail and still be able to view the “View Anticipated Eligibility Results” link?

a. Application Check

b. Eligibility Check

c. Plan Enrollment Check



Knowledge Check

Open enrollment starts on ____ and ends on ____.

- a. 1/1, 12/31
- b. 11/15, 12/31
- c. 11/15, 2/15
- d. 10/15, 3/1



Lesson 3 Review and Summary

Objectives

- Understand the auto-renewal and manual renewal customer experiences, their differences, and their similarities
- Understand the different sections of the “View Anticipated Eligibility Results” link and who can access this page
- Describe what happens when customers make a change or opt out of coverage
- Communicate the timeline of action items



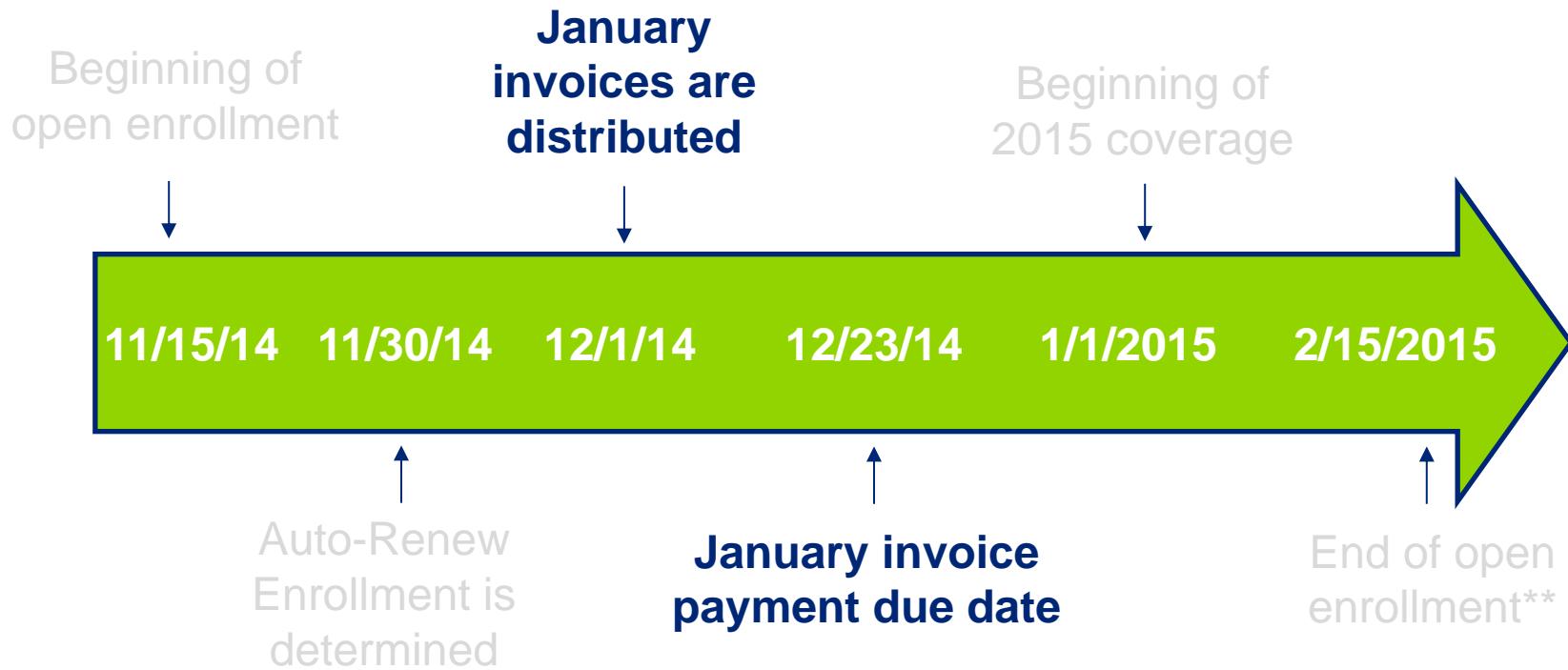
Questions



Lesson 4

Payment

Actions from December 1 to December 23



***Payments for plans beginning on 3/1/15 will be due by 5:00pm on 2/23/15*

Payments

Washington Healthplanfinder provides the following options for accepting premium payments:

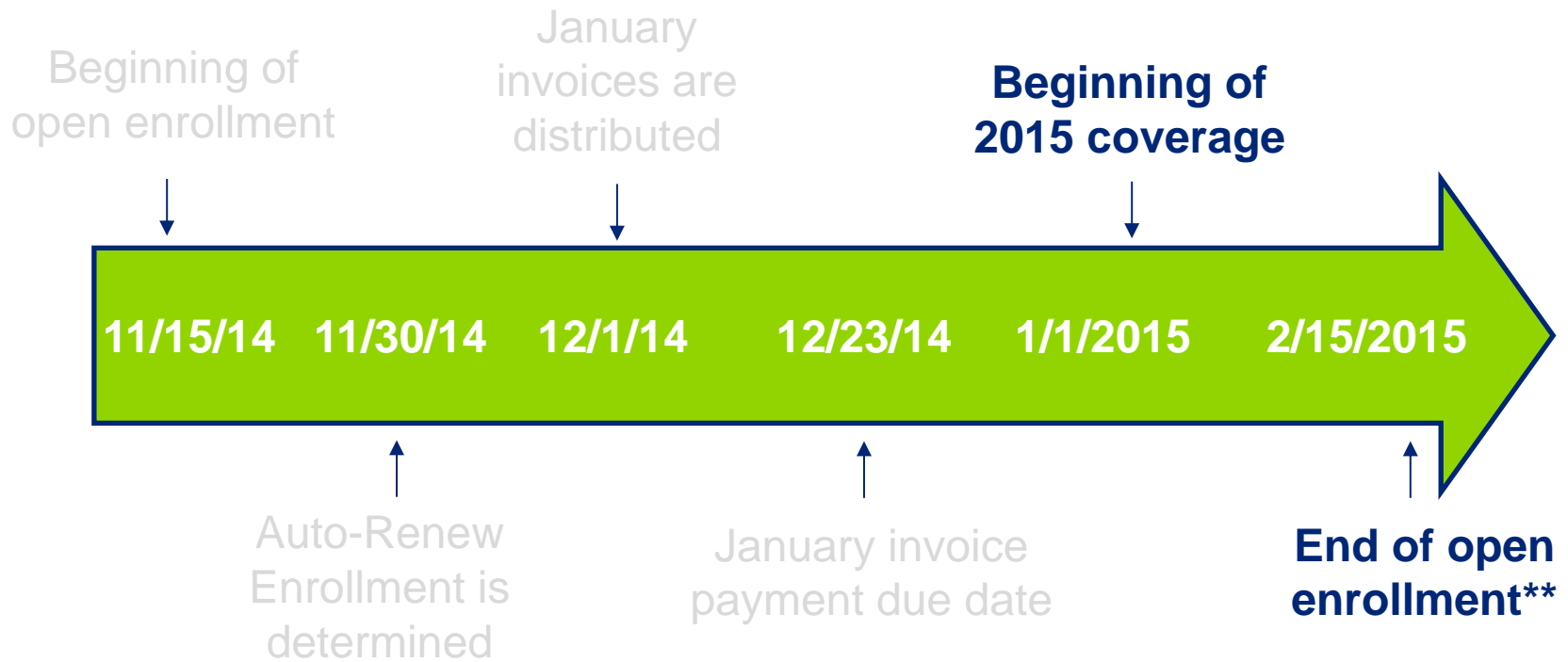
- Online Payments (Credit Card or eCheck)
- Paper Check with Remittance Coupon
- Payments Directly to the Issuer
- Money Order

Auto-renewal customers enrolled in **auto-pay** do not need to take any payment actions

Review of Grace Periods and How They Affect Payment During the Renewal Process

- HIPTC households are eligible for a 3-month grace period
- QHP households are eligible for a 1-month grace period
- Once the grace period has ended, Washington Healthplanfinder will trigger disenrollment
- If an account is in a grace period in December, the past due balance must be paid in full before customer is able to shop for 2015 plans
- Once current year balance is paid, January's payment can now be made and must also be in full

Actions from January 1 to February 15



****Payments for plans beginning on 3/1/15 will be due by 5:00pm on 2/23/15**

Business Scenario

When Frodo, a manual renewal customer, sat down in December to update his profile in Healthplanfinder, he thought he completed the process, but he forgot to submit his payment for January's coverage! It is now January 1st.

Is Frodo still able to remit payment for January coverage?

No, it is past December 23rd, so Frodo is no longer able to remit payment for January coverage.

What happened to the coverage he signed up for?

Frodo's coverage beginning on January 1st was cancelled.

What are Frodo's options now that his coverage has been cancelled?

He can still sign up for coverage as he is within the open enrollment period. If he enrolls and submits payment by 1/23, his coverage will begin on 2/1.

Business Scenario

Pippin, an auto-renewal customer, wakes up in a cold sweat and realizes he has not paid for 2015 coverage! He checks the clock and the date reads December 15th, 2014.

While online, he discovers he didn't pay for December's coverage either!

Is Pippin still able to remit payment for January coverage?

Yes, it is not past December 23rd, so Pippin is still able to remit payment for January coverage.

What does it mean if Pippin didn't pay for his December coverage either? Was his 2014 coverage cancelled?

This means Pippin is now in a grace period. His 2014 coverage was not cancelled because of this grace period.

What should be Pippin's action steps? Pippin needs to go online and pay for December coverage, then he will be able to complete his 2015 renewal process and remit payment.



Exercise Guide:

Auto-Renewals for QHP and HIPTC Applicants



You have approximately **15 minutes**
to complete this exercise.

Business Scenario

Wilbur and Edna Turnblad have a 15-year-old daughter, Tracy, in high school. An avid dancer, Tracy is always going to and from dance rehearsals. Wanting to make sure she was covered for any dancing injuries, Wilbur signed up the family for health insurance through Healthplanfinder in 2014. All three received the same plan for 2014. It is now time for renewal and they receive a correspondence regarding their 2015 coverage. It says Tracy will receive coverage through WAH, but that her parents can auto-renew. Wilbur's income has not changed in the previous year nor has their address and they do not anticipate any changes. Wilbur logs on to HPF during open enrollment and sees a new link on his home page. On his computer desk, there is a HPF invoice with a due date of 10/23. Paperclipped to that invoice is a signed check and an envelope.

Did the Turnblads pass the application, eligibility, and plan enrollment checks?

Yes, they passed all three checks because the correspondence says the parents can auto-renew.

Did they receive a manual renewal correspondence or an auto-renewal correspondence?

They received an auto-renewal correspondence. The parents are eligible to auto-renew but Tracy is now eligible for WAH.

Business Scenario

Wilbur and Edna Turnblad have a 15-year-old daughter, Tracy, in high school. An avid dancer, Tracy is always going to and from dance rehearsals. Wanting to make sure she was covered for any dancing injuries, Wilbur signed up the family for health insurance through Healthplanfinder in 2014. All three received the same plan for 2014. It is now time for renewal and they receive a correspondence regarding their 2015 coverage. It says Tracy will receive coverage through WAH, but that her parents can auto-renew. Wilbur's income has not changed in the previous year nor has their address and they do not anticipate any changes. Wilbur logs on to HPF during open enrollment and sees a new link on his home page. On his computer desk, there is a HPF invoice with a due date of 10/23. Paperclipped to that invoice is a signed check and an envelope.

For what coverage is each member of the family eligible?

The entire family was on HIPTC for 2014. For 2015, Wilbur and Edna will still be on HIPTC, but Tracy will be on WAH.

We know they were on HIPTC for 2014 because if they were on QHP and moved to HIPTC, the entire family would have been auto-renewed and Tracy would not be eligible for WAH. Since this is not the case, we know they were on HIPTC, and Tracy moved to WAH per the FPL thresholds we discussed in Lesson 1.

Business Scenario

Wilbur and Edna Turnblad have a 15-year-old daughter, Tracy, in high school. An avid dancer, Tracy is always going to and from dance rehearsals. Wanting to make sure she was covered for any dancing injuries, Wilbur signed up the family for health insurance through Healthplanfinder in 2014. All three received the same plan for 2014. It is now time for renewal and they receive a correspondence regarding their 2015 coverage. It says Tracy will receive coverage through WAH, but that her parents can auto-renew. Wilbur's income has not changed in the previous year nor has their address and they do not anticipate any changes. Wilbur logs on to HPF during open enrollment and sees a new link on his home page. On his computer desk, there is a HPF invoice with a due date of 10/23. Paperclipped to that invoice is a signed check and an envelope.

Will they have access to the “View Anticipated Eligibility Results” screen? If so, what option will he most likely choose? If not, what will be his next most likely action step?

Yes, they will have access to this screen. Wilbur will most likely choose “Confirm Your Coverage Renewal” since he did not mention wanting to update information, change plans, or change his tax credit amount.

Should Wilbur try to shop for new coverage, will he be able to?

No, he will not be able to shop for new coverage because he did not pay for November's coverage. We know this because of the unpaid invoice on his desk. Since he is now in a grace period, he must remit payment on his 2014 balance before he can shop for 2015 coverage.

Business Scenario

Wilbur and Edna Turnblad have a 15-year-old daughter, Tracy, in high school. An avid dancer, Tracy is always going to and from dance rehearsals. Wanting to make sure she was covered for any dancing injuries, Wilbur signed up the family for health insurance through Healthplanfinder in 2014. All three received the same plan for 2014. It is now time for renewal and they receive a correspondence regarding their 2015 coverage. It says Tracy will receive coverage through WAH, but that her parents can auto-renew. Wilbur's income has not changed in the previous year nor has their address and they do not anticipate any changes. Wilbur logs on to HPF during open enrollment and sees a new link on his home page. On his computer desk, there is a HPF invoice with a due date of 10/23. Paperclipped to that invoice is a signed check and an envelope.

When Wilbur attempts to remit payment for January overage, will he be able to?

No, he will not be able to remit payment for 2015 coverage until he pays for his past due 2014 balance.

If Wilbur does not attempt to remit payment until December 15th, for which months will he need to provide payment?

He will need to pay for November, December, and January.

Knowledge Check

Payment for coverage beginning on January 1st should be received by what date?

a. 12/23

b. 12/31

c. 12/1

d. 11/15



Knowledge Check

Once someone opts-out of coverage, they are not allowed to enroll again.

a. True

b. False



Knowledge Check

The grace period for QHP is ____ month(s) and for HIPTC is ____ month(s).

a. 1, 3

b. 3, 1

c. 1, 1

d. 0, 3



Lesson 4 Review and Summary

Objectives

- Communicate the timeline of action items
- Define grace period and how it affects renewals
- Determine possible courses of action for individuals who forget to make payment, renew, or opt-out of coverage



Questions



Course Summary

Trivia Review Game!



Rules & Procedures:

- Teams will be asked 10 questions regarding today's material
- Questions are only read twice
- Each correct answer is worth 10 points
- Each incorrect answer is worth -5 points
- Each team can choose one question to be worth double points*
- Each team can choose one question to be worth zero points*
- Each team tallies up their own score at the end after answers are given.
- Team with the most points wins a prize!

*** Must be decided before the answers are read**

Learning Objectives

Having completed this module, you are now able to:

- Explain auto-renewal qualifications and the three system checks ★
- Navigate partial renewal and mixed household scenarios ★
- Review auto-renewal and manual renewal request correspondences ★
- Understand the actions needed to complete both auto-renewals and manual renewals ★
- Guide customers through payment requirements ★
- Inform customer of their options should they not receive coverage on January 1st ★



Questions



Course Evaluation

Please complete the course evaluation and turn it in to your instructor.



**Congratulations! You have completed the Auto-Renewals
for QHP and HIPTC Applicants Course!**



Thank you!